

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,301

FILING DATE

12-12-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8		2				
9		2				
10	1					
11		1				
12		2				
13		2				
14	1					
15		1				
16		2				
17		2	1			
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25	1		1			
26		1		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		2		1		
32	1		1			
33		1		1		
34		2		1		
35		2		1		
36		2		1		
37		2		1		
38		2		1		
39	1		1			
40		1		1		
41		2		1		
42		2		1		
43			1			
44				1		
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.	9		6			
TOTAL DEP.	57	←	24	←	←	
TOTAL CLAIMS	66	[REDACTED]	30	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					[REDACTED]	[REDACTED]